

State File No. 401
Registered No. 401

County Gila State Arizona

District or Township _____ or Village _____

City _____ No. _____ St. _____ Wa _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Genova Asenovich { If child is not yet named, make supplemental report, as directed

3. Sex of Child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes.</u>	7. Date of birth <u>11 27 29</u> Month Day Year
-----------------------------	--	--------------------------------	-------------------------------	---

8. FATHER
Full name Mitchell Bronovich

9. Residence
(Usual place of abode)

If non-resident, give place and state. Missouri

10. Color or race Slavonian 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Oklahoma
(State or country)

13. Occupation *Cook*
Nature of Industry

14. **MOTHER**
Full maiden name Melba Gunnovich

15. Residence
(Usual place of abode) *Miami*
If non-resident, give place and state.

16. Color or race any

17. Age at last birthday 22 (Year 1961)

18. Birthplace (city or place).....Montana
(State or country)

19. Occupation
Nature of industry *Hyd.*

20. Number of children of this mother.....	(a) Born alive and now living.....	21. Were precautions taken against opthalmia neonatorum?
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead.....	
	(c) Stillborn.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was slim at 1-15 m. on the date above stated.
(Born alive or stillborn.) 2 3 3 0"

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature U. J. Jenkins

 (physician or midwife).

Given name added from
a supplemental report. _____
718-1127-478 _____
Month, day, year _____
Registrar _____

Address _____
Filed Jan 5, 1932 Charles E. Aron _____
Registrar _____